

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of Ohio

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

**About Debtor 1:**

**1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Thomas  
First name  
Leland  
Middle name  
Wortman  
Last name  
Suffix (Sr., Jr., II, III)

**About Debtor 2 (Spouse Only in a Joint Case):**

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

Jodi

First name

M

Middle name

Wortman

Last name

Suffix (Sr., Jr., II, III)

Jodi M Moore  
Jodi M Flood

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**

xxx - xx - 5 4 8 6

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - 0 4 1 3

OR

9 xx - xx - \_\_\_\_\_

<b>About Debtor 1:</b>		<b>About Debtor 2 (Spouse Only in a Joint Case):</b>	
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b> Include trade names and <i>doing business as</i> names		<input checked="" type="checkbox"/> I have not used any business names or EINs.	
Business name _____		Business name _____	
Business name _____		Business name _____	
EIN _____		EIN _____	
_____		_____	
<b>5. Where you live</b>		<b>If Debtor 2 lives at a different address:</b>	
214 Number Street Sand St		Number Street _____	
Crooksville OH 43731 City State ZIP Code Perry County		City State ZIP Code _____	
County		County	
<b>If your mailing address is different from the one above, fill it in here.</b> Note that the court will send any notices to you at this mailing address.		<b>If Debtor 2's mailing address is different from yours, fill it in here.</b> Note that the court will send any notices to this mailing address.	
Number Street _____		Number Street _____	
P.O. Box _____		P.O. Box _____	
City State ZIP Code _____		City State ZIP Code _____	
<b>6. Why you are choosing this district to file for bankruptcy</b>		<b>Check one:</b>	
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)		<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)	

Debtor 1

Thomas Leland Wortman & Jodi M Wortman  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under***Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

**8. How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

No  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Do you rent your residence?**

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Thomas Leland Wortman & Jodi M Wortman  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.  
 Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

*Check the appropriate box to describe your business:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.  
 No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
 Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
 Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

 No Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input checked="" type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Thomas Leland Wortman

Signature of Debtor 1

Executed on 09/18/2020

MM / DD / YYYY

 /s/ Jodi M Wortman

Signature of Debtor 2

Executed on 09/18/2020

MM / DD / YYYY

Debtor 1

Thomas Leland Wortman & Jodi M Wortman  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one****If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

 /s/ Mitchell Marczewski

Signature of Attorney for Debtor

Date

09/18/2020

MM / DD / YYYY

Mitchell Marczewski

Printed name

Marczewski Law Offices LLC

Firm name

1020 Maple Ave

Number Street

Zanesville

OH

43701-3069

City

State

ZIP Code

Contact phone 7404538900

Email address mitch@zanesvillelawyer.com

0073258

OH

Bar number

State

**Fill in this information to identify your case:**

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jodi M Wortman		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (If known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$ 25,510.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$ 12,810.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$ 38,320.00

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$ 19,228.00
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 16,511.79
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$ 14,614.00
Your total liabilities	
	\$ 50,353.79

#### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 4,015.34
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 3,255.34

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

**Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

**Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,329.49

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>16,511.79</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+ \$ 0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>16,511.79</u></b>

Fill in this information to identify your case and this filing:

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Debtor 2 Jodi M Wortman  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number \_\_\_\_\_  
 (if known)

Check if this is an amended filing

Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2  
 Yes. Where is the property?

1.1 214 Sand St  
 Street address, if available, or other description

**What is the property?** Check all that apply

Single-family home  
 Duplex or multi-unit building  
 Condominium or cooperative  
 Manufactured or mobile home  
 Land  
 Investment property  
 Timeshare  
 Other\_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property?** **Current value of the portion you own?**  
 \$ 25,510.00 \$ 25,510.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

Fee simple \_\_\_\_\_

Check if this is community property

Crooksville OH 43731

City State ZIP Code

Perry County

Country

**Who has an interest in the property?** Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$ 25,510.00

### Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make: Ford \_\_\_\_\_

Model: Focus \_\_\_\_\_

Year: 2008

Approximate mileage: 147830

Other information:

Condition: Fair; \_\_\_\_\_

**Who has an interest in the property?** Check one

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

**Current value of the entire property?** **Current value of the portion you own?**  
 \$ 2,200.00 \$ 2,200.00

3.2 Make: <u>Ford</u> Model: <u>Escape</u> Year: <u>2017</u> Approximate mileage: <u>103518</u> Other information: Condition: <u>Fair</u>	<b>Who has an interest in the property?</b> Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this is community property</b> (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .  <b>Current value of the entire property?</b> <u>\$ 7,210.00</u> <b>Current value of the portion you own?</b> <u>\$ 7,210.00</u>
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**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

5. you have attached for Part 2. Write that number here..... ➤

\$ 9,410.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe...

Location: Debtors' residence  
Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500.

\$ 1,300.00

Do not deduct secured claims or exemptions.

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe...

Location: Debtors' residence  
Misc electronics

\$ 550.00

Do not deduct secured claims or exemptions.

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe...

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe...

Location: Debtors' residence  
Misc fishing and sporting goods

\$ 250.00

Do not deduct secured claims or exemptions.

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe...

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No  
 Yes. Describe...

Location: Debtors' residence  
Misc clothing

\$ 300.00

Do not deduct secured claims or exemptions.

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver

No  
 Yes. Describe...

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

No  
 Yes. Describe...

Location: Debtors' residence

\$ 0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information...

**15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....**

\$ 2,400.00

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes..... Cash ..... \$ \_\_\_\_\_

**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes..... Institution name:  
 17.1. Checking account: Park National Bank \$ 1,000.00

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them.....

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No  
 Yes. Give specific information about them.....

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No  
 Yes. List each account separately

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No  
 Yes.....

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes.....

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**  
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes.....

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years...

Federal:	\$ <u>0.00</u>
State:	\$ <u>0.00</u>
Local:	\$ <u>0.00</u>

29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information....

30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information....

31. **Interests in insurance policies**

No  
 Yes. Name the insurance company of each policy and list its value....

32. **Any interest in property that is due you from someone who has died**

No  
 Yes. Give specific information....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

No  
 Yes. Give specific information....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Give specific information....

35. **Any financial assets you did not already list**

No  
 Yes. Give specific information...

36. **Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**\$ 1,000.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.  
 Yes. Go to line 38.

**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.****Part 6:** If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information...

54. Add the dollar value of all of your entries from Part 7. Write that number here ➤

\$0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....	➤	\$ 25,510.00
56. Part 2: Total vehicles, line 5		\$ 9,410.00
57. Part 3: Total personal and household items, line 15		\$ 2,400.00
58. Part 4: Total financial assets, line 36		\$ 1,000.00
59. Part 5: Total business-related property, line 45		\$ 0.00
60. Part 6: Total farm- and fishing-related property, line 52		\$ 0.00
61. Part 7: Total other property not listed, line 54	+ \$ 0.00	
62. Total personal property. Add lines 56 through 61 .....	\$ 12,810.00	Copy personal property total ➤
63. Total of all property on Schedule A/B. Add line 55 + line 62		+ \$ 12,810.00 \$ 38,320.00

APPROVED FOR TRANSFER
BY: <u>CTM</u> DATE: <u>5-28-14</u>
IND PERRY COUNTY ENGINEER

Instrument  
201400001888 OR Book Page  
405 2550

201400001888  
Filed for Record in  
PERRY COUNTY, OHIO  
JACKIE HOOVER, RECORDER  
06-09-2014 At 07:48 am.  
DEED 36.00  
OR Book 405 Page 2550 - 2552

TRANSFERRED  
DATE 6-5-14  
SEC. 319.54 50  
SEC. 319.202 COMPLIED  
WITH AMT 5  
TERESA L. STEVENSON  
AUDITOR PERRY CO. OHIO  
BY [Signature]

## QUIT CLAIM DEED

KNOW ALL MEN BY THESE PRESENTS

THAT PAULA PATE and DAVID PATE, her husband, of La Paz County, State of Arizona, a one-third (1/3) interest, and JANA LAWRENCE, a single person, of Perry County, State of Ohio, a one-third (1/3) interest, for valuable consideration paid, grant to JODI WORTMAN, whose tax-mailing address is 214 Sand Street, Crooksville, OH 43731, all their interest in and to the following real property:

Situated in the Village of Crooksville, County of Perry and State of Ohio and bounded and described as follows:

Being Lot Number 10 in the Village of Crooksville, Ohio.

Plat Book 3, Page 279.

Parcel No. 11-001213-0000.

Property Address: 214 Sand Street, Crooksville, Ohio 43731.

SUBJECT to mortgages of record in O.R. Volume 277, Page 1440 and O.R. Volume 235, Page 500.

Prior Reference: O.R. Volume 395, Page 275.

PAULA PATE and DAVID PATE; and JANA LAWRENCE, the grantors, release all rights of dower therein.

STATE OF OHIO : ss  
Perry County :

Before me, a Notary Public in and for said County and State, personally appeared the above named JANA LAWRENCE, a single person, who acknowledged that she did sign the foregoing instrument and that the same is her free act and deed.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal, at  
Cravksville, Ohio, this 24 day of May, 2013. /14

Michael J. Flood Sr.  
Michael J. Flood Sr.  
5/24/2014 — Commission expires 12/15/14

This instrument was prepared by: Schnittke & Smith, Attorneys at Law, 114 South High Street, P.O. Box 536, New Lexington, Ohio 43764

THE ATTORNEY PREPARING THIS DOCUMENT MAKES NO WARRANTY AS TO DESCRIPTION OR TITLE OF PROPERTY DESCRIBED HEREIN.

WORTMANJODI.QCD

**EXECUTED** by PAULA PATE and DAVID PATE; and JANA LAWRENCE, this 4<sup>th</sup> day of December, 2013.

Signed and acknowledged:

201400001888  
SCHNITTKE & SMITH  
PICK UP

Paula Pate  
Paula Pate

David Pate  
David Pate

Jana Lawrence  
Jana Lawrence

California  
STATE OF ARIZONA : ss  
Riverside County :

Before me, a Notary Public in and for said County and State, personally appeared the above named PAULA PATE and DAVID PATE, her husband, who acknowledged that they did sign the foregoing instrument and that the same is their free act and deed.

IN TESTIMONY WHEREOF I have hereunto set my hand and official seal, at Blythe, California, this 4 day of December, 2013.



Janet L. Letendre  
JULY 1, 2016

Perry County, Ohio - Property Record Card, Page 18 of 70  
Parcel: 110012130000  
Map Number: 00040002700

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GENERAL PARCEL INFORMATION

Owner WORTMAN JODI  
 Property Address 214 SAND ST OH  
 Mailing Address WORTMAN JODI  
 214 SAND ST  
 CROOKSVILLE OH 43731-1227  
 Land Use 510 SINGLE FAMILY DWELLING - PLATTED LOT  
 Legal Description NT BROWNLOT 10  
 SEC 00  
 School District CROOKSVILLE EVSD  
 Tax District 11 CROOKSVILLE CROOKSVILLE EVSD

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MAP

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VALUATION

	Appraised	Assessed
Land Value	\$8,510.00	\$2,980.00
Improvements Value	\$17,000.00	\$5,950.00
Total Value	\$25,510.00	\$8,930.00
 Taxable Value	\$8,930.00	
Net Annual Tax:	\$4,662.38	
Tot Amt Collected:	\$0.00	

A map is not available.

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AGRICULTURAL

Code	Soil	Acres	Rate	Appraised	Assessed	CAUV Rate	CAUV Value	Taxable
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Totals:

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LAND

Code	Frontage	Depth	Rate	Total	Value	Acres
F - FRONT	66	132/0	150	\$8,500.00	\$8,500.00	0.2
ADJ - ADJUSTMENT -	0	0/0	0	\$0.00	\$10.00	0

---

SALES

Sale Date	Sale Amount	Buyer	Conv.	Notes
6/5/2014	\$0.00	WORTMAN JODI	0	
4/9/2013	\$0.00	WORTMAN JODI ETAL	0	
4/7/1997	\$0.00	FLOOD ROSE ANNE	0	
10/21/1996	\$8,000.00	TATMAN CHARLES E	694	
9/24/1996	\$0.00	TATMAN CHARLES E	0	

COMMENTS

Type	Description
Front of Card	fr pate paula & david & lawrence jana giv up theirint 6/5/14

Perry County, Ohio - Property Record Card, Page 3

Parcel: 110012130000

Map Number: 00040002700

**GENERAL PARCEL INFORMATION**

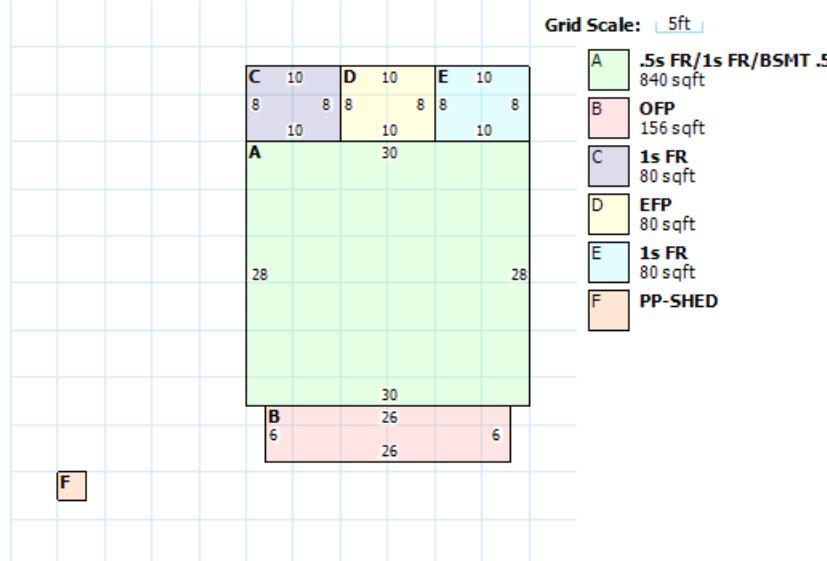
Owner WORTMAN JODI  
 Property Address 214 SAND ST OH  
 Mailing Address WORTMAN JODI  
 214 SAND ST  
 Land Use CROOKSVILLE OH 43731-1227  
 Legal Description 510 SINGLE FAMILY DWELLING - PLATTED LOT  
 NT BROWNLOT 10  
 SEC 00  
 School District CROOKSVILLE EVSD  
 Tax District 11 CROOKSVILLE CROOKSVILLE EVSD

**VALUATION**

	Appraised	Assessed
Land Value	\$8,510.00	\$2,980.00
Improvements Value	\$17,000.00	\$5,950.00
Total Value	\$25,510.00	\$8,930.00
 Taxable Value	 \$8,930.00	
Net Annual Tax:	\$4,662.38	
Tot Amt Collected:	\$0.00	

**RESIDENTIAL**

Number Of Stories	1H
Year Built	1880
Year Remodelled	
Grade	D-
Condition	P
Occupancy	SINGLE FAMILY
Construction	
RoofType	
RoofMaterial	
Total Area	1420
Living Area	0
Finished Basement Area	0
Air Conditioned Area	0
Unheated Area	0
Total Rooms	8
Total Bedrooms	4
Total Full Baths (Including Base Plumbing)	2
Total Half Baths	0
Extra Plumbing Fixtures	0
Value	\$17,010.00

**SKETCH****IMPROVEMENTS**

Description	Stories	Area	Grade	Year Built	Value
PP-SHED PP SHED	0	0	C		\$0

## OHIO CERTIFICATE OF TITLE

ISSUING COUNTY PERRY  
 ISSUING TITLE OFFICE # 6401  
 RESIDENT COUNTY PERRY

## STATE OF OHIO

TITLE NO. 64 0043 4473

ISSUE DATE 12/28/2019

ORIGINAL

IDENTIFICATION NUMBER  
1FAHP35N88W182341

YEAR 2008 MAKE FORD MAKE DESCRIPTION FORD

MODEL DESCRIPTION FOCUS P35

BODY TYPE 4D

MILEAGE  
201,273MILEAGE NOTATION  
NON-ACTUAL WARNING: ODOMETER DISCREPANCYPURCHASE PRICE  
\$0.00TAX  
\$0.00

CONVERSION

EVIDENCE  
OH-4502649209

COMMENTS

NOTATION(S)  
REBUILT SALVAGEOWNER(S)  
JODI M. WORTMAN214 SAND ST  
CROOKSVILLE, OH 43731PREVIOUS OWNER(S)  
TREVOR C. RAMAGE1216 ROBIN CT  
ZANESVILLE, OH 43701

HANORCA  
 LICENSEEXPIRES 9/00/20  
 TRANSFERISSUED  
 RUCKWEIGHT  
 Registrar of Motor Vehicles

WITNESS MY HAND AND OFFICIAL SEAL THIS 28TH DAY OF DECEMBER, 2019

%200128274



%200128274

MON PLEAS CO  
 J. T. Wollenberg  
 CLERK OF COURTS

TIMOTHY J WOLLENBERG  
CLERK OF COURTS

G

NLO  
NLO

TITLE DOCUMENT CONTAINS OHIO WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

**NON-NEGOTIABLE - FOR REGISTRATION ONLY**

ISSUING COUNTY SANDUSKY  
ISSUING TITLE OFFICE # 7201  
RESIDENT COUNTY PERRY

STATE OF OHIO  
MEMORANDUM TITLE

**TITLE No. 72 0095 3259**  
ISSUE DATE 03/11/2020

IDENTIFICATION NUMBER  
1FMCU9GD3HUC27990

YEAR  
2017

MAKE  
FORD

MAKE DESCRIPTION  
FORD

MODEL DESCRIPTION  
ESCAPE

BODY TYPE  
UC

MILEAGE  
98,328

MILEAGE NOTATION  
ACTUAL

PURCHASE PRICE  
\$13,545.00

TAX  
\$982.01

CONVERSION

EVIDENCE  
OH-2515802546

COMMENTS

NOTATION(S)

OWNER(S)  
JODI M. WORTMAN  
& THOMAS L. WORTMAN  
214 SAND ST  
CROOKSVILLE, OH 43731

PREVIOUS OWNER(S)  
DRIVETIME

3101 MORSE RD  
COLUMBUS, OH 43231

DEALER PERMIT  
UD019755

FIRST LIENHOLDER  
DATE OF LIEN 03/11/2020  
BRIDGECREST ACCEPTANCE CORP

PO BOX 2997  
PHOENIX, AZ 85062

**! W A R N I N G !**  
**MEMORANDUM TITLE**  
**DO NOT DESTROY**

WITNESS MY HAND AND OFFICIAL SEAL THIS 11TH DAY OF MARCH, 2020

%207216531

TRACY OVERMYER  
CLERK OF COURTS

G

CML  
CML

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (if known)			

Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 1 Exemptions	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption	
Brief description: Household goods - Location: Debtors' residence Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500.	\$ 1,300.00	<input checked="" type="checkbox"/> \$ 650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from <i>Schedule A/B</i> : 6			
Brief description: Electronics - Location: Debtors' residence Misc electronics	\$ 550.00	<input checked="" type="checkbox"/> \$ 275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from <i>Schedule A/B</i> : 7			
Brief description: Sports and hobby equipment - Location: Debtors' residence Misc fishing and sporting goods	\$ 250.00	<input checked="" type="checkbox"/> \$ 125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from <i>Schedule A/B</i> : 9			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim	Specific laws that allow exemption
Clothing - Location: Debtors' residence Brief description: Misc clothing	\$ 300.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from Schedule A/B: 11 Brief description: Park National Bank (Checking)	\$ 1,000.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
Line from Schedule A/B: 17.1	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Jodi M Wortman		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (if known)			

Check if this is an amended filing

Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 2 Exemptions		Check only one box for each exemption	
214 Sand St Brief description:	\$ 25,510.00	<input checked="" type="checkbox"/> \$ 25,510.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(1)
Line from <i>Schedule A/B:</i> 1.1 2008 Ford Focus Brief description:	\$ 2,200.00	<input checked="" type="checkbox"/> \$ 2,200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(2)
Line from <i>Schedule A/B:</i> 3.1 Household goods - Location: Debtors' residence Misc furniture, value: \$250; Misc Appliances, value: \$250; Misc lawn equipment, value: \$300; Misc tools, value: \$500. Brief description:	\$ 1,300.00	<input checked="" type="checkbox"/> \$ 650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from <i>Schedule A/B:</i> 6			

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

**Part 2: Additional Page**

<b>Brief description of the property and line on Schedule A/B that lists this property</b>	<b>Current value of the portion you own</b> Copy the value from Schedule A/B	<b>Amount of the exemption you claim</b> Check only one box for each exemption	<b>Specific laws that allow exemption</b>
Electronics - Location: Debtors' residence Misc electronics Brief description:	\$ 550.00	<input checked="" type="checkbox"/> \$ 275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from Schedule A/B: 7 Sports and hobby equipment - Location: Debtors' residence Brief description: Misc fishing and sporting goods	\$ 250.00	<input checked="" type="checkbox"/> \$ 125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from Schedule A/B: 9 Clothing - Location: Debtors' residence Brief description: Misc clothing	\$ 300.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(4)(a)
Line from Schedule A/B: 11 Park National Bank (Checking) Brief description:	\$ 1,000.00	<input checked="" type="checkbox"/> \$ 500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B: Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2	Jodi M Wortman		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (if known)		<input type="checkbox"/> Check if this is an amended filing	

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1	Describe the property that secures the claim: \$ <u>19,228.00</u>	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Bridgecrest Creditor's Name 7300 E Hampton Ave Number Street Mesa AZ 85209 City State ZIP Code	2017 Ford Escape - \$7,210.00			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred <u>2020</u>	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
	Last 4 digits of account number 2001			
Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$ 19,228.00</u>				

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

## Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jodi M Wortman		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

## 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Attorney General of Ohio	\$ 0.00	\$ 0.00	\$ 0.00
	Priority Creditor's Name Bankruptcy & Collections Enforcement	Last 4 digits of account number		
	Number Street 150 E Gay St., 21st Floor	When was the debt incurred?		
	Columbus OH 43215	As of the date you file, the claim is: Check all that apply.		
	City State ZIP Code	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.2	Crooksville Utility Billing	Last 4 digits of account number	\$ 4,039.92	\$ 4,039.92 \$ 0.00
	Priority Creditor's Name 98 S Buckeye St.	When was the debt incurred?		
	Number Street	As of the date you file, the claim is: Check all that apply.		
	Crooksville OH 43731	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	City State ZIP Code	Type of PRIORITY unsecured claim:		
	Who incurred the debt? Check one.	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No Yes			

## Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
<b>2.3</b>	Department of Treasury			Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
<p>Priority Creditor's Name Financial Management Service</p> <p>Number Street PO BOX 1686</p> <p>Birmingham AL 35121-1686</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>			
<b>2.4</b>	IRS			Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
<p>Priority Creditor's Name Centralized Insolvency Operations</p> <p>Number Street PO Box 7346</p> <p>Philadelphia PA 19101-7346</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>			
<b>2.5</b>	Ohio Bureau Workers Compensation			Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
<p>Priority Creditor's Name Bankruptcy Unit</p> <p>Number Street PO Box 15567</p> <p>Columbus 43215-0567</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>				<p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p><b>Type of PRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify</p>			

## Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.					Total claim	Priority amount	Nonpriority amount	
<b>2.6</b>	Ohio Dept Job & Family Services				Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
				When was the debt incurred?				
				As of the date you file, the claim is: Check all that apply.				
				<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
				<b>Type of PRIORITY unsecured claim:</b>				
				<input type="checkbox"/> Domestic support obligations	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	<input type="checkbox"/> Other. Specify	
				<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
				<input type="checkbox"/> Check if this claim is for a community debt				
				Is the claim subject to offset?				
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<b>2.7</b>	Ohio Dept of Taxation				Last 4 digits of account number	\$ 0.00	\$ 0.00	\$ 0.00
				When was the debt incurred?				
				As of the date you file, the claim is: Check all that apply.				
				<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
				<b>Type of PRIORITY unsecured claim:</b>				
				<input type="checkbox"/> Domestic support obligations	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	<input type="checkbox"/> Other. Specify	
				<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Debtor 2 only	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
				<input type="checkbox"/> Check if this claim is for a community debt				
				Is the claim subject to offset?				
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			
<b>2.8</b>	Perry County Treasurer				Last 4 digits of account number	\$ 12,471.87	\$ 12,471.87	\$ 0.00
				When was the debt incurred?				
				As of the date you file, the claim is: Check all that apply.				
				<input type="checkbox"/> Contingent	<input type="checkbox"/> Unliquidated	<input type="checkbox"/> Disputed		
				<b>Type of PRIORITY unsecured claim:</b>				
				<input type="checkbox"/> Domestic support obligations	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated	<input type="checkbox"/> Other. Specify	
				<input type="checkbox"/> Debtor 1 only	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> At least one of the debtors and another	
				<input type="checkbox"/> Check if this claim is for a community debt				
				Is the claim subject to offset?				
				<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

AEP Bankruptcy Dept

**Total claim**

4.1

Nonpriority Creditor's Name

1 AEP Way

Number Street

Last 4 digits of account number

\$ 6,094.00

When was the debt incurred?

Hurricane WV 25526-1231

City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No

Yes

**As of the date you file, the claim is: Check all that apply.**

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Utility Services

4.2

ARS Account Resolution

Last 4 digits of account number 00\*\*

\$ 886.00

When was the debt incurred? 2020

Nonpriority Creditor's Name  
1643 Nw 136th Ave Ste 10

Number Street

**As of the date you file, the claim is: Check all that apply.**

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Collection Agency

4.3

Bank of Missouri

Last 4 digits of account number 2339

\$ 0.00

When was the debt incurred? 2015

Nonpriority Creditor's Name  
4550 New Linden Hill Rd

Number Street

**As of the date you file, the claim is: Check all that apply.**

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Notice only

Wilmington DE 19808

City State ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

 **Check if this claim is for a community debt****Is the claim subject to offset?**

No

Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			<b>Total claim</b>
<b>4.4</b>	Capital One Bank		
Nonpriority Creditor's Name		Last 4 digits of account number ****	
15000 Capital One Dr		\$ 377.00	
Number	Street	When was the debt incurred?	2019
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.5</b>	Capital One Bank		
Nonpriority Creditor's Name		Last 4 digits of account number ****	
15000 Capital One Dr		\$ 419.00	
Number	Street	When was the debt incurred?	2019
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>4.6</b>	Choice Recovery		
Nonpriority Creditor's Name		Last 4 digits of account number 76**	
1105 Schrock Rd Ste 700		\$ 185.00	
Number	Street	When was the debt incurred?	2019
<b>As of the date you file, the claim is:</b> Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Type of NONPRIORITY unsecured claim:</b>			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency			
<b>Is the claim subject to offset?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			<b>Total claim</b>
4.7	Choice Recovery		
Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street			Last 4 digits of account number 95** When was the debt incurred? 2019  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency
City Columbus State OH ZIP Code 43229  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$ 315.00
4.8	Choice Recovery		
Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street			Last 4 digits of account number 51** When was the debt incurred? 2019  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency
City Columbus State OH ZIP Code 43229  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$ 271.00
4.9	Choice Recovery		
Nonpriority Creditor's Name 1105 Schrock Rd Ste 700 Number Street			Last 4 digits of account number 60** When was the debt incurred? 2019  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency
City Columbus State OH ZIP Code 43229  <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			\$ 1,860.00

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Nonpriority Creditor's Name				Total claim
		Number	Street	Last 4 digits of account number	
4.10	Choice Recovery			47**	\$ 691.00
	1105 Schrock Rd Ste 700				
	Columbus	OH	43229		
	City	State	ZIP Code		
	<b>Who incurred the debt?</b> Check one.				
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.11	Credit One Bank			4975	\$ 0.00
	PO Box 98875				
	Credit One Bank	NV	89193		
	City	State	ZIP Code		
	<b>Who incurred the debt?</b> Check one.				
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.12	First Premier			0340	\$ 0.00
	3820 N Louise Ave				
	First Premier	SD	57107		
	City	State	ZIP Code		
	<b>Who incurred the debt?</b> Check one.				
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
	<b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is:</b> Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	<b>Type of NONPRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency				
	<b>As of the date you file, the claim is:</b> Check all that apply.				
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
	<b>Type of NONPRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Notice only				

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Nonpriority Creditor's Name				<b>Total claim</b>
		Number	Street	Last 4 digits of account number	
4.13	Genesis Healthcare System	Zanesville	OH	43701	\$ 2,446.00
	2951 Maple Ave.	City	State	ZIP Code	
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>			
		<input type="checkbox"/> Student loans			
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
		<input checked="" type="checkbox"/> Other. Specify Medical Services			
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.14	I.C. System, Inc	Saint Paul	MN	55164	\$ 897.00
	Nonpriority Creditor's Name Po Box 64378	City	State	ZIP Code	
	Number Street				
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>			
		<input type="checkbox"/> Student loans			
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
		<input checked="" type="checkbox"/> Other. Specify Collection Agency			
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
4.15	USCB Corporation	Eynon	PA	18403	\$ 0.00
	Nonpriority Creditor's Name 761 Scranton Carbondale	City	State	ZIP Code	
	Number Street				
	<b>Who incurred the debt?</b> Check one.	<b>As of the date you file, the claim is:</b> Check all that apply.			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt	<b>Type of NONPRIORITY unsecured claim:</b>			
		<input type="checkbox"/> Student loans			
		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
		<input checked="" type="checkbox"/> Other. Specify Notice only			
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

	Webbank/Fingerhut			<b>Total claim</b>
		Last 4 digits of account number	When was the debt incurred?	
4.16	<p>Nonpriority Creditor's Name 6250 Ridgewood Rd</p> <p>Number Street</p> <p>Saint Cloud MN 56303</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	3287	2020	\$ 173.00
4.17	<p>Nonpriority Creditor's Name 6250 Ridgewood Road</p> <p>Number Street</p> <p>St Cloud MN 56303</p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	9176	2015	\$ 0.00
	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>			
	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Notice only</p>			
	<p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify</p>			

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Choice Recovery

Name

1105 Schrock Rd Ste 700

Number Street

Columbus

OH

43229

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 27\*\***

Choice Recovery

Name

1105 Schrock Rd Ste 700

Number Street

Columbus

OH

43229

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 19\*\***

First Premier

Name

3820 N Louise Ave

Number Street

Sioux Falls

SD

57107

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.12 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 2787**

Webbank/Fingerhut

Name

6250 Ridgewood Road

Number Street

St Cloud

MN

56303

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line 4.17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number 0064**

Name

Number Street

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Name

Number Street

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

Name

Number Street

City

State

ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Line \_\_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**Last 4 digits of account number**

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

Total claim		
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>16,511.79</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>0.00</u>
6e. Total. Add lines 6a through 6d.	6e. \$ <u>16,511.79</u>	

Total claim		
Total claims from Part 2	6f. Student loans	6f. \$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>14,614.00</u>
6j. Total. Add lines 6f through 6i.	6j. \$ <u>14,614.00</u>	

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name  
Debtor 2 Jodi M Wortman  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease	State what the contract or lease is for
------------------------------------------------------------	-----------------------------------------

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2	Jodi M Wortman		
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number \_\_\_\_\_

Check if this is an amended filing

Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jodi M Wortman		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (If known) _____			

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed  
 Not employed

Debtor 2 or non-filing spouse

Employed  
 Not employed

Occupation

AR Tech 3

Employer's name

C&W Facility Services

Employer's address

275 Grove St

Number Street

Number Street

Auburndale, MA 02466-2239

City State ZIP Code

City State ZIP Code

How long employed there? 4 years

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

2. \$ 5,329.49

For Debtor 2 or non-filing spouse

\$ 0.00

3. Estimate and list monthly overtime pay.

3. + \$ 0.00

+ \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 5,329.49

\$ 0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here.....</b>	→ 4. \$ 5,329.49	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ 962.83	\$ 0.00
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ 0.00
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ 0.00
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ 0.00
5e. <b>Insurance</b>	5e. \$ 315.40	\$ 0.00
5f. <b>Domestic support obligations</b>	5f. \$ 0.00	\$ 0.00
5g. <b>Union dues</b>	5g. \$ 0.00	\$ 0.00
5h. <b>Other deductions.</b> Specify: Long Term Disability	5h. + \$ 15.00	+ \$ 0.00
Short Term Disability	\$ 20.92	\$
	\$	\$
	\$	\$
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 1,314.15	\$ 0.00
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ 4,015.34	\$ 0.00
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b>	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
8b. <b>Interest and dividends</b>	8b. \$ 0.00	\$ 0.00
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. <b>Unemployment compensation</b>	8d. \$ 0.00	\$ 0.00
8e. <b>Social Security</b>	8e. \$ 0.00	\$ 0.00
8f. <b>Other government assistance that you regularly receive</b>		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____	8f. \$ 0.00	\$ 0.00
8g. <b>Pension or retirement income</b>	8g. \$ 0.00	\$ 0.00
8h. <b>Other monthly income.</b> Specify: _____	8h. + \$ 0.00	+ \$ 0.00
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
<b>10. Calculate monthly income.</b> Add line 7 + line 9.	10. \$ 4,015.34	+ \$ 0.00 = \$ 4,015.34
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	\$ 0.00
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.		
Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 4,015.34	Combined monthly income
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman	
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	Jodi M Wortman	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: Southern District of Ohio		
(State)		
Case number (If known)		

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Son

18

- No
- Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 0.00

4a. \$ 31.00

4b. \$ 177.00

4c. \$ 100.00

4d. \$ 0.00

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>913.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>383.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	
	7. \$ <u>600.00</u>
<b>8. Childcare and children's education costs</b>	
	8. \$ <u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	
	9. \$ <u>130.00</u>
<b>10. Personal care products and services</b>	
	10. \$ <u>0.00</u>
<b>11. Medical and dental expenses</b>	
	11. \$ <u>0.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	
	12. \$ <u>260.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	
	13. \$ <u>75.00</u>
<b>14. Charitable contributions and religious donations</b>	
	14. \$ <u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>91.34</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	
	16. \$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	
	18. \$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	
	19. \$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

21. Other. Specify: _____ _____ _____	21. +\$ _____ 395.00 +\$ _____ +\$ _____
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ _____ 3,255.34
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.	22b. \$ _____ 22c. \$ _____ 3,255.34
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ _____ 4,015.34
23b. Copy your monthly expenses from line 22c above.	23b. -\$ _____ 3,255.34
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ _____ 760.00
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

Thomas & Jodi Wortman - Line 21 expenses

Paper towels, facial tissues	\$20.00
Toilet paper	\$40.00
Deodorant, antiperspirant	\$25.00
Bar soap, body wash	\$20.00
Toothpaste, mouthwash	\$20.00
Razors, shaving cream	\$20.00
Shampoo, conditioner, hair spray	\$20.00
Haircuts	\$15.00
Feminine/masculine items	\$25.00
Dishwasher detergent, dish soap	\$15.00
Towels & linens	\$15.00
Over-the counter medications	\$25.00
School supplies for 1	\$15.00
Pet food, supplies, vet services	\$40.00
Stamps & Stationary	\$30.00
Vacuum bags, light bulbs, trash bags	<hr/> <u>\$50.00</u>
	\$395.00

Fill in this information to identify your case:

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name

Debtor 2 Jodi M Wortman  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Southern District of Ohio

Case number \_\_\_\_\_

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Thomas Leland Wortman  
Signature of Debtor 1

Date 09/18/2020  
MM / DD / YYYY

**X** /s/ Jodi M Wortman  
Signature of Debtor 2

Date 09/18/2020  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Jodi M Wortman		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Southern District of Ohio			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married  
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street _____	From _____ To _____	<input type="checkbox"/> Same as Debtor 1 Number Street _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 Number Street _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	<input type="checkbox"/> Same as Debtor 1 Number Street _____	<input type="checkbox"/> Same as Debtor 1 From _____ To _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

## Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 50,018.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00
<b>For last calendar year:</b> (January 1 to December 31, <u>2019</u> <u>YYYY</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 59,440.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2018</u> <u>YYYY</u> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 48,151.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00

5. **Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

Debtor 1	Debtor 2
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		
Insider's Name		\$ _____	\$ _____	
Number Street				
City	State	ZIP Code		

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
	<p>Court Name _____</p> <p>Number   Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	<p>Court Name _____</p> <p>Number   Street _____</p> <p>City _____ State _____ ZIP Code _____</p>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Describe the property	Date	Value of the property
		\$ _____
<b>Explain what happened</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Property was repossessed.</li> <li><input type="checkbox"/> Property was foreclosed.</li> <li><input type="checkbox"/> Property was garnished.</li> <li><input type="checkbox"/> Property was attached, seized, or levied.</li> </ul>		
Describe the property	Date	Value of the property
		\$ _____
<b>Explain what happened</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Property was repossessed.</li> <li><input type="checkbox"/> Property was foreclosed.</li> <li><input type="checkbox"/> Property was garnished.</li> <li><input type="checkbox"/> Property was attached, seized, or levied.</li> </ul>		

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			
Number Street		\$ _____	
City	State	ZIP Code	Last 4 digits of account number: XXXX-

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			
Person's relationship to you			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift		_____	\$ _____
Number Street		_____	\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Thomas Leland Wortman  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

## Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .		\$ _____

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<p>Debtors paid \$310.00            Itemized as follows:            \$310.00 for court filing fees</p>	<u>09/2020</u>	<u>\$ 310.00</u>
		<u>\$</u> <u>                  </u>

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City	State	ZIP Code		
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred			Date payment or transfer was made	Amount of payment
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City	State	ZIP Code		

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Description and value of property transferred		Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			_____
Number Street			_____
City	State	ZIP Code	
Person's relationship to you _____			
Person Who Received Transfer			_____
Number Street			_____
City	State	ZIP Code	
Person's relationship to you _____			

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	_____

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
Number Street _____			
City _____ State _____ ZIP Code _____			
Name of Financial Institution _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	\$ _____
Number Street _____			
City _____ State _____ ZIP Code _____			

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution _____	Name _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street _____	Number Street _____	
City _____ State _____ ZIP Code _____		

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name	<input type="checkbox"/> No <input type="checkbox"/> Yes
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No

Yes. Fill in the details.

Where is the property?	Describe the property	Value
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		
City State ZIP Code		

Debtor 1 Thomas Leland Wortman  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

No

Yes. Fill in the details.

Governmental unit		Environmental law, if you know it		Date of notice
Name of site	Governmental unit			_____
Number Street	Number Street			_____
_____	City State ZIP Code			_____
City	State ZIP Code			_____

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Fill in the details.

Court or agency		Nature of the case		Status of the case
Case title	Court Name			<input type="checkbox"/> Pending
_____	Number Street			<input type="checkbox"/> On appeal
Case number	City State ZIP Code			<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State ZIP Code	_____	Dates business existed
Business Name	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Number Street	_____	EIN: _____
City State ZIP Code	_____	Dates business existed

Debtor 1	Thomas Leland Wortman First Name      Middle Name      Last Name	Case number (if known) _____	
Business Name	Describe the nature of the business		
Number Street	Employer Identification number Do not include Social Security number or ITIN.		
City	State	ZIP Code	EIN: _____
Name of accountant or bookkeeper			Dates business existed From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No  
 Yes. Fill in the details below.

Name	Date issued	
Number Street	MM / DD / YYYY	
City	State	ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

 /s/ Thomas Leland Wortman  
Signature of Debtor 1

Date 09/18/2020

 /s/ Jodi M Wortman  
Signature of Debtor 2

Date 09/18/2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of person \_\_\_\_\_ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1	Thomas Leland Wortman	
	First Name	Middle Name
Debtor 2	Jodi M Wortman	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: Southern District of Ohio		
Case number (If known)		

## Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

3. The commitment period is 3 years.

4. The commitment period is 5 years.

Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 5,329.49	\$ 0.00
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00	\$ 0.00
Copy here ➔		
6. Net income from rental and other real property Gross receipts (before all deductions)	\$ 0.00	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00	\$ 0.00
Copy here ➔		

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Document Page 61 of 70

Case number (if known) \_\_\_\_\_

**Column A  
Debtor 1****Column B  
Debtor 2 or  
non-filing spouse****7. Interest, dividends, and royalties**

\$ 0.00

\$ 0.00

**8. Unemployment compensation**

\$ 0.00

\$ 0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you ..... \$ 0.00

For your spouse ..... \$ 0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00 \$ 0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00 \$ 0.00

\$ 0.00 \$ 0.00

+ \$ 0.00 + \$ 0.00

Total amounts from separate pages, if any.

**11. Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 5,329.49	+	\$ 0.00	=	\$ 5,329.49
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Total average

**Part 2: Determine How to Measure Your Deductions from Income**

12. Copy your total average monthly income from line 11. .... \$ 5,329.49

**13. Calculate the marital adjustment.** Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

.....	\$ .....
.....	\$ .....
.....	\$ .....

+ \$ .....

Total ..... \$ 0.00  - 0.00**14. Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 5,329.49

## 15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here ➔ ..... \$ 5,329.49Multiply line 15a by 12 (the number of months in a year). x 1215b. The result is your current monthly income for the year for this part of the form. .... \$ 63,953.88

## 16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. OH16b. Fill in the number of people in your household. 316c. Fill in the median family income for your state and size of household. .... \$ 77,642.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

## 17. How do the lines compare?

17a.  Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).17b.  Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**18. Copy your total average monthly income from line 11. .... \$ 5,329.49

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... — \$ 0.0019b. Subtract line 19a from line 18. .... \$ 5,329.49

## 20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. .... \$ 5,329.49Multiply by 12 (the number of months in a year). x 1220b. The result is your current monthly income for the year for this part of the form. .... \$ 63,953.8820c. Copy the median family income for your state and size of household from line 16c. .... \$ 77,642.00

## 21. How do the lines compare?

 Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Debtor 1

Thomas Leland Wortman

First Name

Middle Name

Last Name

Document Page 63 of 70

Case number (if known) \_\_\_\_\_

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Thomas Leland Wortman

Signature of Debtor 1

**X** /s/ Jodi M Wortman

Signature of Debtor 2

Date 09/18/2020

MM / DD / YYYY

Date 09/18/2020

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

AEP Bankruptcy Dept  
1 AEP Way  
Hurricane, WV 25526-1231

ARS Account Resolution  
1643 Nw 136th Ave Ste 10  
Sunrise, FL 33323

Attorney General of Ohio  
Bankruptcy & Collections Enforcement  
150 E Gay St., 21st Floor  
Columbus, OH 43215

Bank of Missouri  
4550 New Linden Hill Rd  
Wilmington, DE 19808

Bridgecrest  
7300 E Hampton Ave  
Mesa, AZ 85209

Capital One Bank  
15000 Capital One Dr  
Richmond, VA 23238

Chex Systems  
7805 Hudson Rd Ste 100  
St Paul, MN 55125

Choice Recovery  
1105 Schrock Rd Ste 700  
Columbus, OH 43229

Credit One Bank  
PO Box 98875  
Las Vegas, NV 89193

Crooksville Utility Billing  
98 S Buckeye St.  
Crooksville, OH 43731

Department of Treasury  
Financial Management Service  
PO BOX 1686  
Birmingham, AL 35121-1686

First Premier  
3820 N Louise Ave  
Sioux Falls, SD 57107

Genesis Healthcare System  
2951 Maple Ave.  
Zanesville, OH 43701

I.C. System, Inc  
Po Box 64378  
Saint Paul, MN 55164

IRS  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Ohio Attorney General  
Bankruptcy Unit  
150 E Gay St 21st Floor  
Columbus, OH 43215-3191

Ohio Bureau Motor Vehicles  
Compliance Unit-Bankruptcy  
PO Box 16583  
Columbus, OH 43216

Ohio Bureau Workers Compensation  
Bankruptcy Unit  
PO Box 15567  
Columbus, 43215-0567

Ohio Dept Job & Family Services  
Bankruptcy Section  
30 E Broad St 32d Floor  
Columbus, OH 43215

Ohio Dept of Taxation  
Bankruptcy Division  
PO Box 530  
Columbus, OH 43266-0030

Perry County Treasurer  
105 N Main St  
New Lexington, OH 43764

US Bureau of Fiscal Service - Treasury Dept  
PO Box 830794  
Birmingham, AL 35283-0794

USCB Corporation  
761 Scranton Carbondale  
Eynon, PA 18403

Webbank/Fingerhut  
6250 Ridgewood Rd  
Saint Cloud, MN 56303

Webbank/Fingerhut  
6250 Ridgewood Road  
St Cloud, MN 56303

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”

### Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	
\$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filings fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+	\$75 administrative fee
	\$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+	\$75 administrative fee
	\$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

**LBR Form 2016-1(b)**

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
Eastern DIVISION AT Columbus**

In re: Thomas Leland Wortman & Jodi M Wortman

Case No:

Chapter 13

*Debtor(s)*

Judge

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  
AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE**

**I. Disclosure**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services I have agreed to accept ..... \$ 3,700.00

Prior to the filing of this statement I have received ..... \$ 0.00

Balance due ..... \$ 3,700.00

2. The source of the compensation paid to me was:

Debtor  Other (specify)

3. The source of compensation to be paid to me is:

Debtor  Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other persons unless they are members and/or associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

**II. Application**

5. I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$3,700, for rendering the legal services set forth below. If I seek payment of fees in excess of \$3,700, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the hourly rate at which the services were performed, and the actual time spent by the case attorney, any other attorney, paralegal or professional person for whom fees are sought. Any request for reimbursement of expenses shall include an itemization of the expenses.

- a. Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
- b. Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, applicable court orders, and provisions of his or her chapter 13 plan;
- c. Preparation and filing of any document required by § 521 of the Code, including Official Form 1 22C-1 and Official Form 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;
- d. Preparation and filing of the chapter 13 plan, and any preconfirmation amendments thereto that may be required;
- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- l. Representation of the debtor in addressing any routine tax return or tax refund inquiries by the trustee, exclusive of any motion, objection, or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

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09/18/2020

Date

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/s/ Mitchell Marczewski, 0073258

Signature of Attorney  
Marczewski Law Offices LLC  
1020 Maple Ave  
Zanesville, OH 43701-3069  
7404538900  
7404538988  
mitch@zanesvillelawyer.com